

EXPENSE FOR HIRED LABOR

year _____

Date	Check No.	Employee name address	Social Security Number	Hours Worked	Rate	Gross Pay	F.I.C.A. Withheld	Other Withheld	Net Earnings Paid	F.I.C.A., Employer Share, Other Withholdings paid	Description of work or Enterprise
							1				
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							3				
							4				
							5				
							6				
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